2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005052

FILED May 04, 2005 Secretary of State

Entity Name: AGIOS PANTELEIMON, INC., KALYMNIAN SOCIETY

Current Principal Place of Business:			New Principal Place of Business:	
	AN STREET SPRINGS, FL 34689			
Current Mailing Address:		New Mailing Address:		
	AN STREET SPRINGS, FL 34689			
n accordar		F.S., the corporation did not rece		e() Certificate of Status Desired()
SADORF, 2623 MCC SUITE 10	RICK W CORMICK DRIVE			
	e named entity submits e of Florida.	s this statement for the purpos	se of changing its reg	gistered office or registered agent, or both,
SIGNATU	RE:			
				Dete
	Electronic Sigr	ature of Registered Agent		Date
OFFICER	Electronic Sigr S AND DIRECTORS:	0	ADDITIONS/CH	Date HANGES TO OFFICERS AND DIRECTORS
Fitle: Name: Address:	· ·		ADDITIONS/CH Title: Name: Address: City-St-Zip:	
Fitle: Name: Naddress: City-St-Zip: Fitle: Name: Name:	S AND DIRECTORS: DP () Delete IKONOMOOU, LITSA 500 HOPE ST	34689	Title: Name: Address:	HANGES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S AND DIRECTORS: DP () Delete IKONOMOOU, LITSA 500 HOPE ST TARPON SPRINGS, FL DV () Delete SAZALIS, NICK 1502 CROMWELL DR	34689 34689	Title: Name: Address: City-St-Zip: Title: Name: Address:	HANGES TO OFFICERS AND DIRECTORS () Change () Addition
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Name: Address:	S AND DIRECTORS: DP () Delete IKONOMOOU, LITSA 500 HOPE ST TARPON SPRINGS, FL DV () Delete SAZALIS, NICK 1502 CROMWELL DR TARPON SPRINGS, FL DS () Delete ALESAFIS, KATHY 741	34689 34689	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	HANGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HANKENHOF TR 05/04/2005